Beneficiary Designation / Spousal Consent Form

Form to Be Retained by Plan Administrator

| Group Number: | Employer Name: | Employer Name: | | | | |
|---|--|--|----------------------------|---|---|--|
| Participant Name: Last, First, M.I. | | S | | Social Security Number: | | |
| your sp | re married and designate your souse must sign the Spousal Colan Administrator. If consent is a | onsent Agreement be | elow, unless | this consent is deem | ed not applicable by | |
| BENEFICIARY INFORMATION | arrivarianou acorr. In concorn to | applicable, yearnact | aloo comple | to a qi o/i maivoi aii | a opeadar concern. | |
| Upon the death of the Participant, all change the designation. If you do repend to the benefit will be paid according to the | not designate a beneficiary, c | | | | | |
| Primary Beneficiary (ies) | | | | | Percentage of | |
| Full name of Individual or Trust | | | Date of | Relationship to | Death Benefit | |
| (and date of trust if applicable) | Address | SS#/TIN | Birth | the Participant | (whole percentage*) | |
| | | | | | | |
| | | | | | PRIMARY TOTAL: 100% | |
| Contingent Beneficiary (ies) | | | | | Percentage of | |
| Full name of Individual or Trust | | | Date of | Relationship to | Death Benefit | |
| (and date of trust if applicable) | Address | SS#/TIN | Birth | the Participant | (whole percentage*) | |
| | | | | | | |
| | | | | | | |
| Please see the following page for the participant wishes to destruction and the delivery of the have made. I understand that, if I other than my spouse. I understand Plan Administrator. | signate beneficiaries to shathis form to the offices of the am married, my spouse mus | are equally, then a Plan Administrator of consent in writing | revokes all to the desi | prior beneficiary degration of any pers | esignations that I on as beneficiary | |
| Participant Signature | | Date | | | | |
| SPOUSAL CONSENT AGREEME | NT (if applicable) | | | | | |
| This notice will certify that, as spou above as Primary Beneficiary(ies) under the Plan had this Spousal C | of any death benefits provide | | | | | |
| Spousal Signature | | Date | Date | | | |
| Signature of Witness (Plan Administrator or Notary Public) | | Date | | | | |

Beneficiary Designation

- A. If you are married, the Beneficiary you designate must be your spouse unless your spouse consents in writing, as witnessed by a Notary Public or the Plan Administrator, to designate another beneficiary.
- B. A married woman should be indicated by her given name, not that of her husband. For example, Mary N. Jones, not Mrs. John R. Jones.
- C. Please complete the Beneficiary Designation including name, Social Security number, relationship, and percentage of death benefit. The percent of benefit must total 100% for all primary beneficiaries named. If naming contingent beneficiary(ies) the total percentage for this designation must equal 100%. If the participant wishes to designate beneficiaries to share equally, then a percentage should not be listed.

Listed below are some common beneficiary designations:

One Primary Beneficiary: Jane Doe, wife, 100%

Two or more Primary Beneficiaries:

John Doe, son, 33% John Doe, son, John Doe, son, 33% Carol Smith, daughter, 33% or Carol Smith, daughter, Carol Smith, daughter, 33% Mark Doe, son, 34% Mark Doe, son Mark Doe, son 34%

> equally among the survivors per stirpes

(designates their share to their children)

Contingent Beneficiaries:

John Doe, son, 33% John Doe, son John Doe, son, 33% Carol Smith, daughter, 33% Carol Smith, daughter, Carol Smith, daughter, 33% or or Mark Doe, son Mark Doe, son 34% Mark Doe, son 34%

> equally among the survivors per stirpes

(designates their share to their children)

Participant's Estate: Participant's Estate

Trustee: Jane Doe, trustee under trust agreement* dated...

^{*} If the word "trustee" is used in a Beneficiary designation, the date of the execution of the trust agreement or a copy of the trust agreement must be furnished.